



WISEWOMAN SCREENING FORM



- ☐ Initial Risk Reduction Counseling with SMHW ☐ Annual Risk Reduction Counseling with SMHW ☐ Initial Screening, Non-integrated
☐ Annual Screening, Non-integrated ☐ Reporting Only

PROVIDER NAME				DATE	
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	

A. CLINICAL MEASUREMENTS

BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____
BP 1 st _____/____/____	BP 2 nd _____/____/____	Average BP _____/____/____	Hypertension Follow-up (>140/90) <input type="checkbox"/> Diagnostic Office Visit <input type="checkbox"/> Client Refused <input type="checkbox"/> Blood Pressure Medical Follow-up <input type="checkbox"/> Health Coaching
Fasting (9-12 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	Hypertension Follow-up (>140/90) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL <input type="checkbox"/> Triglycerides

B. ALERT VALUE FOLLOW-UP

Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.

<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: _____ (Number from below)	<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/____ *Status of Work-up: _____ (Number from below)
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* Status of work-up Number Codes

- Work-up complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
Notify WISEWOMAN Education Coordinator of any of the following status responses:
- Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.
- Client refused workup.** Participant had an alert value and refused workup.
- Workup not completed, client lost to follow-up.** Participant had an alert value but was lost to follow-up and workup was not completed. *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.

Alert Value Notes/Comments:

C. OTHER

Date Risk Counseling Completed: ____/____/____

Client Priority Area(s): ☐ None ☐ Healthy Eating ☐ Physical Activity ☐ Smoking Cessation ☐ Blood Pressure Management

☐ **Physical Activity Clearance Denied.** Client not cleared for physical activity until further evaluation

LSP Referred To: ☐ Eating Smart-Being Active ☐ Diabetes Prevention Program (St. Louis only) ☐ Health Coaching ☐ Tobacco Quitline

Date Referred: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Comments: